

**To be used for changes to registrations and terminations.**

Lobbyist's Registration Number

- **Print in ink or type,**
- **Complete form, have it notarized and return with \$10 fee to Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge LA 70809-7017, (504) 922-1400.**
- **This form must be submitted within 5 days of any changes in your registration form to add employers or those you represent or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.**

✓# 1661  
\$ 10.00  
KSP

~~99 MAY 7~~ AB: 48

ERIC  
Full Text Provided by ERIC

1. NAME COWART RUFUS DUANE  
Last First MI
2. BUSINESS PHONE 225-338-0888
3. BUSINESS ADDRESS 736 North Blvd, Baton Rouge LA 70802  
Street and No. City State Zip
4. EMPLOYER The Cowart Group, Inc.
5. EMPLOYER'S ADDRESS SAME  
Street and No. City State Zip
6. Have you ceased or terminated all lobbying activities requiring registration? Yes \_\_\_\_\_ No X
7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.
1. Name Louisiana Motorcycle Rights Association  
Address PO Box 429, Marksville, LA 71351 (temporary)  
Business or purpose motorcycle safety education  
☒ New Representation  
Does this person pay you? yes  
If No, who pays you? \_\_\_\_\_  
☐ Terminated Representation as of \_\_\_\_\_
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# SUPPLEMENTAL REGISTRATION FORM

Lobbyist's Registration Number

2. Name Synergy - River Region

Address 112 N. Airline Ave, Gramercy, LA 70052

Business or purpose Health Care

☒ New Representation  
Does this person pay you? yes

If No, who pays you? \_\_\_\_\_

☐ Terminated Representation as of \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

☐ New Representation  
Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

☐ Terminated Representation as of \_\_\_\_\_

State of Louisiana

Parish of East Baton Rouge

Before me, the undersigned authority, personally came and appeared DUANE COWART, who, after being duly sworn by me, did declare and acknowledge to me that the above statements are true and correct.

Duane Cowart  
Signature of Lobbyist

Sworn to and subscribed before me on this 5th day of MAY, 19 99.

[Signature]  
Notary Public